

INDEPENDENT EDUCATIONAL EVALUATIONS EXHIBIT**Letter to Confirm to Contract for an Independent Education Evaluation**

Date:

Name and Address of Independent Contractor

Re: Agreement to Contract for IEE – Student Name & Date of Birth

Dear (Name of Independent Contractor):

Mr. and Mrs. **(Parent/Guardian Name)** have asked the District to arrange to have you conduct an Independent Educational Evaluation (IEE) of their child, **(Student Name)**. In order to proceed with the request I have enclosed a copy of Board of Education Policy 7680 – Independent Education Evaluations along with the Board’s Administrative Regulations, which includes information regarding costs, qualifications, geographic limitations and availability, etc.

The parents have requested that you conduct the following evaluation **(identify evaluation type and specific issues to be addressed through this evaluation, if any)**. According to the policy, the District has approved up to \$_____ to secure such evaluation. If the terms are acceptable to you, please sign the confirmation and return it to me at your earliest convenience.

Assuming you agree to conduct the IEE requested, the Special Education Director/CSE Chairperson will contact you to discuss this student’s current educational status and to identify any reports and/or evaluations that you would like the District to forward to you for review. If necessary, we will also arrange for you to conduct a classroom observation beyond the evaluation already approved.

Since your testing and report will be reviewed to determine what changes, if any, the Committee on Special Education (CSE) should consider, we ask that you specifically address how your findings affect this student’s academic achievement and functional skills, physical development, social development and management needs as defined by Part 200 of the NYS Commissioner’s Regulations (enclosed). Because the recommendation for Special Education and related services is made by the CSE after a full review of current information on the student’s achievement as well as new evaluations and reports, we look forward to a review of your findings.

In order to prepare for the Committee meeting, a member of our evaluation team may contact you to discuss your findings and may request a copy of your test protocols. If for any reason you are

unable to accept the terms offered, please contact me as soon as possible. Otherwise, please sign and return the agreement enclosed with this correspondence. Upon completion, please forward to me your evaluation along with your invoice for payment.

Thank you in advance for your cooperation. We look forward to working with you on (Student Name) behalf. Please do not hesitate to contact me should you have any questions.

Sincerely,

Name,
Assistant Superintendent of Student Support Services

Cc: Name of Parent
Director of Special Education/CSE Chairperson
Student File

Enclosure: IEE Agreement
Part 200 of the NYS Commissioner's Regulations
Policy 7680/Administrative Regulations – Independent Educational Evaluations

INDEPENDENT EDUCATIONAL EVALUATIONS EXHIBIT

Independent Education Evaluation (IEE Agreement)

I, *(Name of Evaluator)*, having reviewed Policy 7680 and the Administrative Regulations of the Niskayuna Central School District Board of Education regarding compensation for an Independent Education Evaluation (IEE) as well as the attached letter, agree to conduct the IEE requested under the terms set forth therein.

I agree to conduct a *(Type of Evaluation)* for the Niskayuna Central School District on *(Student Name)* for \$ *(enter amount)* which shall be completed and submitted on or before *(Date)* .

Upon request, I agree to conduct a classroom evaluation by the District for an additional fee of \$ _____ *(enter amount)* .

I agree to consult with both the parent/guardian and District representatives regarding their concerns leading to this IEE.

I agree to be available to the parents and the District to explain my results and findings as well as participate in any Committee on Special Education (CSE) meetings, which may convene to formally review the evaluation and make recommendations.

I understand that payment will be made after I submit my final written report to the District along with my invoice. I also agree to participate in a meeting, upon request, either in person, remotely, or by telephone to review and discuss my report.

Signature

License/Certification Number

Date

INDEPENDENT EDUCATIONAL EVALUATIONS EXHIBIT

**Availability to Conduct
Independent Educational Evaluations**

Name: _____

Business Address:

Telephone Number: _____

E-Mail Address: _____

Current Certifications and Licenses:

CERTIFICATION

I certify that I am a (_____) qualified by the State of New York to conduct the following educational evaluations:

I have reviewed Board of Education Policy 7680 for compensation of Independent Educational Evaluations (IEE) and agree that upon a request to conduct an IEE for a resident of the Niskayuna Central School District, I will conduct the IEE under the terms set forth therein.

Signature of Evaluator

INDEPENDENT EDUCATIONAL EVALUATIONS EXHIBIT

**Letter to Confirm Receipt of Request for an
Independent Education Evaluation at Public Expense**

Date:

Name of Parents/Guardians

Address of Parents/Guardians

Re: Confirm Receipt of Request for IEE – **Student Name**

Dear (**Name of Parents/Guardians**):

I am writing to confirm receipt of your letter requesting an Independent Education Evaluation at public expense. Such requests will be approved where a parent disagrees with the District's evaluation and where the proposed evaluation complies with the District's IEE policy. Although there is no requirement that you disclose the nature of your disagreement with the Committee's evaluation as a precondition of approval, I would welcome an opportunity to speak with you directly to discuss your concerns.

In the interim, I have enclosed a copy of Board of Education Policy 7680 which sets forth its payment schedule, qualifications and geographic boundaries for approval of the IEE. Also enclosed for your review is a list of independent evaluators who meet District criteria and who have reviewed the District's policy and agreed to its terms and conditions.

Although you are not required to select an evaluator from this list, please be advised that anyone you choose must be willing to comply with the District's policy and must meet the qualifications required to perform the evaluation. If you would like to secure an evaluation with someone who does not appear on this list, please forward their name and contact information to my office and we will contact that individual or agency to review their credentials and confirm whether they are willing or able to comply with the District's IEE policy terms and conditions.

Failure to abide by the District's policy, without securing a waiver, may result in a denial of the request for payment.

In addition, I encourage you to contact me to discuss the concerns that prompted your request for an IEE to determine whether we may reach an agreement as to how best to address them. At a minimum, please let me know as soon as possible the evaluation with which you disagree and the IEE you are seeking. If we do not receive a response from you, the District will respond to your request for an IEE at public expense no later than **(insert date)**.

Thank you for your anticipated cooperation. Should you have any questions, please do not hesitate to contact me at (518) 382-2525.

Sincerely,

Director of (Elementary) (Secondary) Special Education

Cc: Student File

Enclosure: Policy 7680 – Independent Educational Evaluations
IEE Administrative Regulations
Evaluator List

INDEPENDENT EDUCATIONAL EVALUATIONS EXHIBIT

Letter to Deny Request for Independent Evaluation at Public Expense

Date:

Name of Parents/Guardians

Address of Parents/Guardians

Re: Denial of Request for IEE – *Student Name*

Dear (*Name of Parents/Guardians*):

I am writing in response to your request for an Independent Educational Evaluation (IEE) at District expense. We have denied your request because (*select appropriate paragraph below and delete all others*).

- *The District is prepared to establish at a hearing that our evaluation was appropriate.*
- *The evaluation for which you seek reimbursement is not consistent with the criteria established by Board of Education Policy 7680.*
- *You have not given the District permission to conduct its own evaluation.*
- *The last evaluation conducted by the District was more than a year ago and you have not requested a re-evaluation to enable the District to update its testing. The District is prepared to proceed with a re-evaluation and will send you the appropriate notice and request your consent to proceed with an updated District evaluation. If, after the District completes its re-evaluation, you disagree with the decision or the results, you may at that time renew your request for an IEE.*

In accordance with the law, if you wish to further pursue your right to secure an Independent Educational Evaluation at public expense, please contact me and I will schedule an impartial hearing or mediation, if that is your preference.

Alternatively, please contact me to discuss the possibility of having the District arrange for updated evaluations to address the concerns you have that prompted your request for an IEE. If we do not hear from you within five days of receipt of this correspondence, an impartial hearing will be scheduled.

Sincerely,

Name,
Assistant Superintendent of Student Support Services

Cc: Director of Special Education/CSE Chairperson
Student File